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26869

7590

06/02/2004

DEVINE, MILLIMET & BRANCH, P.A.  
111 AMHERST STREET  
BOX 719  
MANCHESTER, NH 03105

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## Certificate of Mailing or Transmission

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Heather Woods	(Depositor's name)
Heather Woods	(Signature)
8/9/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/841,727	04/26/2001	Evan Chicklis	D-4465	6318

TITLE OF INVENTION: EYESAFE Q-SWITCHED LASER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/02/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MONBLEAU, DAVIENNE N	2878	372-011000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Devine Millimet & Branch

2. Paul C. Remus

3.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

BAE Systems Information and Electronic  
Systems Integration, Inc.

Nashua, New Hampshire

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

☒ Issue Fee☐ A check in the amount of the fee(s) is enclosed.☒ Publication Fee☐ Payment by credit card. Form PTO-2038 is attached.☐ Advance Order - # of Copies \_\_\_\_\_☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 190130 (enclose an extra copy of this form).

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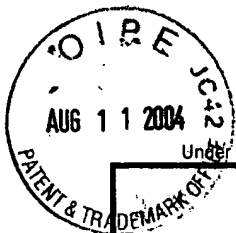
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PTO/SB/21 (08-03)

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	09/841,727
		Filing Date	April 26, 2001
		First Named Inventor	Evan Chicklis
		Art Unit	2828
		Examiner Name	D. Monbleau
Total Number of Pages in This Submission	2	Attorney Docket Number	D-4465

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Issue Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Paul C. Remus
Signature	
Date	August 9, 2004

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Type or printed name	Heather Woods		
Signature		Date	August 9, 2004

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